LMFT SUPERVISOR IN TRAINING CHECKLIST
FORM SUP 9

- □ Form MFT 1 - Completed General Information Form
- □ Form SUP 10 - Application for LMFT Supervisor in Training Designation
- □ Plan for completing supervision course work requirement
- □ Form SUP 11 - Supervision of Supervision Agreement
- □ $25.00 non-refundable application and approval fee

See application instructions for further details.
DO NOT SUBMIT AN INCOMPLETE APPLICATION
ALL INCOMPLETE APPLICATIONS WILL BE RETURNED

MFT 1
General Information Form

Alabama Board of Examiners in Marriage and Family Therapy
P.O. Box 240066
Montgomery, AL 36124-0066
Phone: (334) 215-7233
Fax: (334) 215-7231
E-mail: paula.scout@mft.alabama.gov
Website: www.mft.state.al.us

Application for:
- ☐ Marriage and Family Therapy Intern (MFT Intern)
- ☐ Marriage and Family Therapy Associate (MFT Associate)
- ☐ Permission to sit for the Marriage and Family Therapy
- ☐ Licensed Marriage and Family Therapist (LMFT)
- ☐ Licensed Marriage and Family Therapist By Endorsement

Name:_____
Last First Middle/Maiden

Social Security Number:_____ **Date of Birth**:_____

Gender: ☐ Male ☐ Female

Have you ever held an Alabama Professional License Before? ☐ No ☐ Yes, as follow(s):

Name of Profession:_____ License #:_____

Name of Profession:_____ License #:_____

Name of Profession:_____ License #:_____

Preferred Mailing Address (The address listed here will be public.):
☐ Work ☐ Home

Work Mailing Address:

E-mail: _____

Street:_____

City:_____

State:_____ Zip:_____

County:_____

Telephone:_____

Fax:_____

Home Mailing Address:

E-mail: _____

Street:_____

City:_____

State:_____ Zip:_____

County:_____

Telephone:_____

Fax:_____

APPLICATION FOR LMFT SUPERVISOR IN TRAINING
FORM SUP 10

Name:_____MFT License #:_____

PROFESSIONAL EMPLOYMENT EXPERIENCE:
List in reverse chronological order (most recent first) all places of professional employment experience during the past five (5) years. PLEASE SHOW MONTH AND YEAR FOR EACH. Use additional sheets if necessary.

1. Position:_____Phone:_____
   Organization:_____
   Address:_____
   Dates of Employment:_____to_____
   Contact Person:_____
   Primary Responsibilities/Activities:_____
   _____
   # of hours providing clinical services per week:_____
2. Position:_____Phone:_____
   Organization:_____
   Address:_____
   Dates of Employment:_____to_____
   Contact Person:_____
   Primary Responsibilities/Activities:_____
   _____
   # of hours providing clinical services per week:_____

SUPERVISON OF SUPERVISION PLAN:
Approved Supervisor(s) who will be supervising your supervision.
(Supervisors must complete the Supervision of Supervision agreement.)

a._____ b._____

Approximate date (month/year) you plan to begin (or began) your supervision of supervision: _____
Approximate date (month/year) you anticipate completing your supervision of supervision: _____

MFT SUPERVISION COURSE PLAN: (Refer back to Options for Completing MFT Supervision Course in the application instructions.)

_____
_____
_____
_____
_____

I certify the information provided for this application is accurate and that I am familiar with the Rules and Regulations of the ABEMFT regarding supervision and have read the responsibilities and guidelines for the provision of supervision.

_____ _____
Signature Date

SUPERVISION OF SUPERVISION AGREEMENT
FORM SUP 11

TO BE COMPLETED BY THE SUPERVISOR OF SUPERVISION

Please complete this form and return it to the Supervisor in Training applicant for submission to the ABEMFT. Please type or print legibly.

SUPERVISOR IN TRAINING INFORMATION:

Name of person to be supervised:_____

Social Security Number: _____

Address:_____

Phone:_____

SUPERVISOR OF SUPERVISION INFORMATION:

Name:_____MFT License #:_____

Address:_____

Phone:_____

Name and Address of facility where supervision of supervision will take place:_____

_____

_____

□ Yes □ No I am an LMFT Supervisor of Supervision.

□ Yes □ No I am an LMFT Approved Supervisor.

□ Yes □ No I am an AAMFT Approved Supervisor.

I certify that I am familiar with the Rules and Regulations of the ABEMFT regarding supervision, have read the responsibilities and guidelines for the provision of supervision, and agree to provide supervision of supervision to the above application for LMFT Supervisor in Training.

_____ _____

Signature Date